

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2022 AUG 29 AM 10:24

Jonathan A Tavaréz

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

Name N/A ID#: 952855

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Jonathan

First Name

A

Middle Initial

Tavarez

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

BEC 441 2201133

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island

Current Place of Detention

18-18 Hazen Street

Institutional Address

East Elmhurst

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant.

Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: N/A N/A 952855
 First Name Last Name Shield #
New York City Police Officer
 Current Job Title (or other identifying information)
NYC PD 103 Pct
 Current Work Address
Queens NY 11419
 County, City State Zip Code

Defendant 2:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 3:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: area of NYPD 103 PCT

Date(s) of occurrence: January 16, 2017 - July 11, 2019

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was wrongfully arrested on January 16, 2017 4:11 am for
a weapon that wasn't mine when I was walking home from
work and was held incarcerated for (19) ~~months~~ nineteen
months until the discussion of dismissal on July 11, 2019.
The officer accused me of discharging the weapon ~~and~~
that was not even in my possession and was incarcerated
for 2 years. Which was dismissed in 2019.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Housing, defamation of character, wrongful arrest, incarcerated for 19 months

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking for \$1.5 Million dollars.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

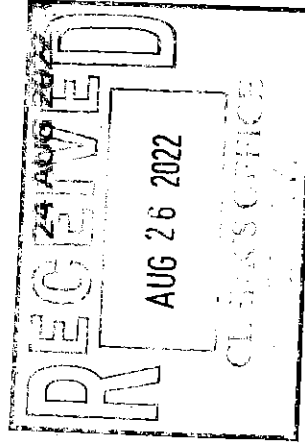
<u>8-23-22</u>		<u></u>
Dated		Plaintiff's Signature
<u>Jonathan</u>	<u>A</u>	<u>Tavaréz</u>
First Name	Middle Initial	Last Name
<u>18-18 Hazen Street</u>		
Prison Address		
<u>East Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 8-23-22

Jonathan Todorov
441 22 01133
12-18 Hazen Street
East Elmhurst, NY 11370

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SDNY PRO SE OFFICE
2022 AUG 29 AM 10:26

NEW YORK NY 100



Pro Se
EN

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NY, NY 10007-1312

10007-1312

